The MEDICAL MISSIONARY

Fresco in St. Joseph's Church, Washington, D. C.

THERE WAS NO ROOM FOR THEM IN THE INN

Vol. II DECEMBER, 1928 No. 3

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THE Israelites were in the habit of taking an account of their population, not in their place of residence or birth, but by assembling themselves according to the family and the tribe, whence they had sprung. David was born at Bethlehem; it was to this town, therefore, that Joseph traveled "for he was of the tribe and family" of the Great King.

According to the teaching of Tradition, the Virgin was a near relative of Joseph, and that, in consequence, her paternity corresponded with that of her husband. The Jews were prone to overlook the descent of their women-folk, by giving only that of the men.

So then, to inscribe himself in the Public Registers, the carpenter of Nazareth quitted his native hills of Zabulon. His young wife, too, made the journey with him. Four days of foot-travel separate Nazareth from the city of David. Mary, as her time was so near, made the distance very slowly, for winter makes the roads rough, and the holy family journeyed on foot, doubtless, like other poor pilgrims. Leaving behind them the plains of Esdrelon, En Gannim, Sichem and Sion; about two hours from the last-named town they perceived at length the dwelling of Bethlehem.

I. Bachlechner, Hall, Tyrol

With hearts full of gratitude the members of the Society of Catholic Medical Missionaries extend their sincerest good wishes for a Happy and Holy Christmas to all their friends and readers of The Medical Missionary.

As they entered Bethlehem they first encountered the hostelry, of which the Khan of modern Oriental villages is still a fair copy, a huge square enclosed by porticos; here, under the shelter of some rude galleries, the ground being raised a foot or two above the level, travelers are spreading out their mats upon the narrow platform, while all about them beasts of burden block up the courtyard; such was the aspect of the place before which Joseph and Mary presented themselves.

The concourse of strangers in those busy days of registration, the poverty of these late comers, the very condition of Mary, all promised the humble pair a cold welcome. So it happened that they received the reply "that there was no room for them," and despite their fatigue they must needs seek elsewhere for some resting place. The chalk hills of Judea are honey-combed with innumerable caves. One of these excavations, close by the inn, was used as a shelter for such beasts as the public stables were unable to accommodate. Mary, according to the testimony of Tradition, could find no other refuge but this. And there, amid the straw which served as bedding for the beasts, far from all assistance on a cold winter's night, the hour came for her to be delivered, and she brought forth unto the world, Jesus.

ABBÉ FOUARD.

The MEDICAL MISSIONARY

Published with ecclesiastical approbation monthly (except June and July) by the Society of Catholic Medical Missionaries, Inc., Brookland, Washington, D. C., in the interest of Medical Missions and Women of the Orient. Subscription $1 per year.
Editor: Dr. Anna Dengel

"Entered as second-class matter September 11, 1928, at the post office at Washington, D. C., under the Act of March 3, 1879."

EDITORIAL

THE FIRST CATHOLIC MEDICAL MISSION INSTITUTE

THE honor of establishing the first Catholic Medical Mission Institute belongs to Rt. Rev. Msgr. C. Becker, S.D.S., who after seven years of labor as Prefect Apostolic of Assam, India, returned to Germany and undertook as a pioneer this important phase of missionary work.

In the year 1922, the Medical Mission Institute was formally inaugurated and the medical students housed in an old residence of the historic and beautiful Bavarian city of Wurzburg. Numbers increased so rapidly that larger and permanent headquarters became imperative. The Holy Father Himself started the building fund of the Wurzburg Medical Mission Institute with a donation of $5,000. Friends of the Cause, missionary organizations and a lottery permitted by the German Government helped to raise funds but not sufficient yet to cover the whole cost. On December 3, the Feast of St. Francis Xavier, the new Medical Mission House will be solemnly opened.

Our heartiest congratulations and good wishes go out to Rt. Rev. Msgr. Becker and to our Medical Missionary colleagues in Germany, and we ask God to give us equal courage, zeal and perseverance in the establishment of the second Medical Mission House, which we hope will be ours. At present we occupy a rented house which we have to leave on the 1st of April. It is, therefore high time to think of a suitable Motherhouse, where our candidates can get the missionary training and where the home organization of the Society can be carried on.

POVERTY—A MISSIONARY VIRTUE PAR EXCELLENCE

Some time ago, the Editor walked into a stationery shop and asked for note paper for a special occasion. A very nice young Catholic lady displayed several luxurious boxes, the price of which evoked this remark: "I like it very much, but it is too expensive—I am a poor missionary." The young lady answered quickly: "That is why I could never be a missionary; if I want anything I *must* have it." At least she knew enough about missionary life to realize that one of the requirements for it is to reduce one's wants. In many mission fields at least, this, that and the other thing for food, clothing, shelter and work are unobtainable, besides there is rarely a sufficient regular income. Money is scarce even for the best of works, and sometimes altogether conspicuous by its absence. Besides poverty does not only mean not to know where one's next meal is coming from; it is real poverty not to be surrounded by pleasant, cultured friends, by books and papers, by certain modern conveniences which in western civilization are looked upon as necessities even by the poor. To be poor is hard, to have to beg is still harder and to be refused as inevitably happens quite often, is a step farther. Most missionaries must make themselves beggars for Christ if they want to get anywhere—no wonder that the language of the world calls them fools. Once a year, however, this folly is glorified and this poverty for Christ's sake shown in a sublime light. It is at the manger of Bethlehem, where the God of heaven and earth, the Savior of each one of us lies a helpless Babe on a bundle of straw in a cold stable. Every missionary loves the crib; at the sight of it poverty shrinks—courage rises, and peace fills the soul. It was God's will that even Mary and Joseph were not able to offer a better shelter to the Divine Infant, and the shepherds—poor simple folk—were the first to be admitted to see the beauty of God made Man. All this repeats itself over and over again on the mission field, and while it is discouraging at times, the poverty with which the Saviour came among men must necessarily be the share of His followers, as a pledge of success.

Dear Reader, please take a good look at Santa Claus on page 7! His message is a very important one. At the present moment we need nothing more urgently than a little Motherhouse where our missionaries can be prepared and the home organization carried on.

HOW A MEDICAL MISSIONARY SPENDS CHRISTMAS

By Dr. Caroline O'Connor

IT WAS Christmas Eve in the South of India. The rainy season was severe that year and the Indians, living in houses better adapted for ventilation than protection against storms, had suffered intensely. The hospital was crowded with fever cases, and all day long the outpatient department was busy. Nevertheless, we felt that we must create the Christmas spirit somehow. At home it would be so easy. You just go out to the gaily decorated shops and buy all you can afford. But out yonder in this Indian native town, where the shopkeepers knew nothing of Christ nor of Christmas, we had to depend entirely on our initiative.

'MAY WE ALSO COME TO THE CHRISTMAS PARTY?"

The first item on the programme was a star, a big star made of colored paper pasted on a light framework of wood. This star suspended from the roof, and with a candle burning inside, would radiate peace and good will over a large area, as our hospital was prominently situated. We commenced to work but had not progressed very far when a small audience gathered. It consisted of boys from the Father's Industrial School, who needed more medicine to tide them over Christmas. While we went to get it for them they surveyed our handiwork. It did not impress these carpentry experts very favorably. "Over in the workshop," said one of them, "I could make you a much better star." His offer was gladly accepted; we handed him the material and turned our thoughts toward a crib.

We had an Infant Jesus, but that was all. However, stones, brown paper and greens were plentiful and from these a very realistic cave could be fashioned. We put cactus plants here and there, and sprinkled it lavishly with boric powder for hoar frost and fondly hoped that it did look a little like Bethlehem. The Infant looked very comfortable on His bed of grass, and if the statues of the Blessed Mother and St. Joseph were not the ones conventionally associated with cribs, we considered that ours was all the more distinguished on that account. But we had no cow or donkey. To get them meant an hour's journey to the bazaar in a bullock cart. Somehow, the prospect was not inviting on a busy Christmas Eve. Just then we discovered that we had another audience, quite different from the last one but equally as helpful. They were Indian ladies from the Brahmin ward, relatives of patients. From this ward they could see that something unusual was going on and they came to find out what it was. As Brahmins greatly revere the cow, they were delighted to hear that we wanted one to put in our crib. They told us that it would give them great pleasure to present us with a cow, and when their husbands would come to visit them in the evening they would send them to the bazaar to buy one. We were very pleased, as much at their interest in our Christmas celebrations, as at escaping the long journey to the bazaar. We impressed on them that a donkey was also necessary, but they seemed doubtful as to whether a toy donkey was procurable in the local shops. When the crib was finished, they remained on and helped us to make decorations out of cocoanut leaves. As we all sat together they listened with great interest to my explanation of the significance of the Feast.

That evening, ere we departed for midnight Mass, a super star shed its gentle light over the pagan world, and the hospital wore a very festive aspect. Some of the pagan women accompanied our party to midnight Mass and remained very quiet and solemn during the services. There were three Masses. The first two were sung in the usual Gregorian chant and during the last the Indian Christians sang hymns, not only in their own language but also in their own music, which is totally different from anything heard in the West.

After High Mass on Christmas Day, the

Brahmin gentlemen were waiting. They apologized for the delay, but explained that it was due to the difficulty of procuring a toy donkey in the bazaar. They produced a tiny rubber toy, which could be any animal you liked to call it, and also a cow. It certainly was a beautiful cow, *but* it was large enough to fill half the crib. The sight of the two animals side by side was so funny that we found it hard to keep from laughing, but we thanked them very much and set to work to accommodate these animals to the crib, or if that was impossible, to accommodate the cave to the animals. At all cost they had to be used; we could not slight our Indian friends by rejecting them.

We had plenty of advice about it. The news that the animals had arrived spread through the wards, and the women were grouped on the verandah waiting to see the crib completed. A problem certainly confronted us; if the cow came in front, nothing else could be seen, but if we put it at the back on a lower level, utter disapproval was visible on their faces. The donkey problem was just the reverse; if we put it in the back, it was quite invisible and if we put it in front the ladies were not pleased. After a long time we succeeded in perching the donkey on a stone, where those who knew of his presence would notice it, and the cow, while not occupying the whole foreground had a sufficiently conspicuous position. The meeting was then postponed until after supper, when we intended to light up our crib and sing carols.

Long before the Christmas supper was finished they were outside, but they did not approach. The Hindu caste ladies never permit anyone to look on them while eating, and they extended the same courtesy to us. As soon as the dishes were removed they assembled in the doorway and seated themselves in rows. We lit up the candles, and there were loud cries of delight, especially from the children. The little ones ran back and forth, peeping into the crib and scurrying back to their mothers. We sang the carols as promised, and when our repetoire was exhausted, we handed around sugar candy to the joy of the younger guests. One of the women then approached and said that they would like to sing too, but they only knew one song, which though usually sung at marriage feasts was adaptable and could be used for all occasions! And did they sing! To our unaccustomed occidental ears that oriental song sounded mournful, monotonous and interminable. I have no idea what the words were and I do not believe that our friends had either. Some of these Indian folk-songs are very, very old, having been handed down almost unchanged through the centuries. It may be that when the events of the first Christmas night were enacted in Bethlehem, 1928 years ago, the women of India were singing the selfsame song.

When they finished, it was late and our party broke up. It had been a great success. The women said that they enjoyed it; I know that we enjoyed it, and I hope that the Infant Jesus, Who came on earth to seek out the lost sheep enjoyed seeing the Hindu women gathered around His manger bed, and singing their *one* song in His honor.

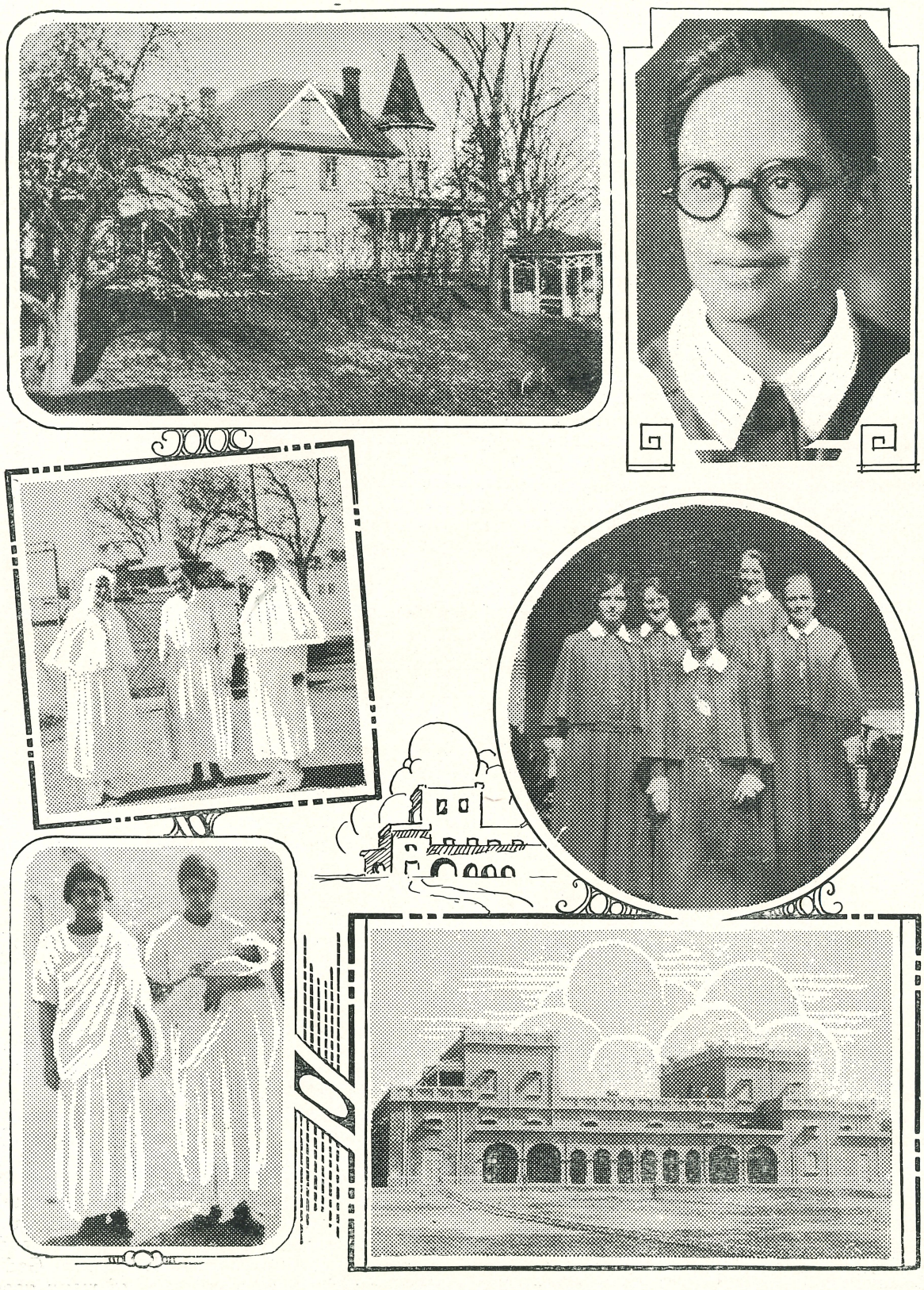
NEED FOR A MEDICAL RELIGIOUS ORDER

In the *Catholic Medical Guardian,* of October, 1928, we read: "At the Missionary Congress, held in September at the College of the Oratorians at Juilly, 25 miles north of Paris, Dr. Havet, Professor at the University of Louvain, Belgium, discussed the importance of organizing an entirely Medical Order to care for our Catholic Missions. It would be regrettable, he is reported by the Catholic Herald to have said, to abandon this work to millionaire philanthropists, the Salvation Army, or other organizations sponsored by various Protestant sects. His ideal was the founding of a Medical Religious Order similar to the warrior Crusaders of the Middle Ages. While awaiting its development, the missionary bodies should augment their personnel with men having some medical knowledge, nurses, and midwives, and, wherever possible, graduate physicians. An effort should be made to interest the medical profession, so that they would give their services to missionary work for a stated period, with the idea of teaching apt natives to care for their own people."

We must tell Professor Havet that the Society of Catholic Medical Missionaries in Washington, D. C., was started with this very ideal. But the Medical mission field is so large that it will require many medical crusaders from different lands to lend a hand in the conquest of paganism by devoted and skillful exercise of Christian charity toward the sick and afflicted.

We are very happy to announce another women's Medical Missionary enterprise, which is planned along lines of a religious order visioned by Professor Havet. The headquarters are in Glasgow, Scotland. We hope to be able to tell our readers more about it by degrees. In the mean time we wish the organization in Scotland, known as the "Institutum Deiparae," God's blessing and the encouragement of many good friends!

PICTORIAL REVIEW OF THE SOCIETY



TEMPORARY HEADQUARTERS OF THE SOCIETY IN BROOKLAND, WASHINGTON, D. C.; THE EDITOR; OUR MISSIONARIES IN INDIA; MEDICAL MISSIONARIES AT HOME; CATHOLIC INDIAN NURSES IN TRAINING; HOLY FAMILY HOSPITAL, RAWALPINDI, PUNJAB, INDIA.

THE SOCIETY AT HOME AND ABROAD

TO OUR great delight and surprise, His Grace, Most Rev. Edw. J. Hanna, Archbishop of San Francisco, visited our little Mission House on November 16. We are always so glad to be able to explain the specific purpose of our Society to the Hierarchy and Clergy. Those whom we met personally have already given us much encouragement and help.

V. Rev. Michael Mathis, C.S.C., the Superior of the Holy Cross Foreign Mission Seminary at Brookland, D. C., who is also the ecclesiastical Superior of our Society, left early in November for a six months' stay in India. Besides the Missions of his own congregation in Bengal, he also intends to visit our Mission in the Far North of the Punjab.

This will be the fourth Christmas of our Society. It is always a very happy time. Being still so few in number, it has all the charms of a family circle. Last year Santa Claus came all dressed up in the pajamas and burka of a Mahommedan lady. We hope that he will pay us a visit this year also. However, we could not blame him for slighting us, as our present house is quite isolated and difficult to find. We are sorry to say that this will be our last Christmas here, as our good neighbors, the Franciscan Fathers will require our present location the coming spring for a House of Studies. Where we will be next is still in the abyss of the unknown. However, we have a small property in view. If only Santa Claus would make a good start with a Motherhouse fund, we would be happy and go ahead. Maybe he will! It would be a real relief not to have to move into a rented house again. Having been in two already we would appreciate a permanent location.

We expect a few more candidates to celebrate Christmas with us. We are glad, for requests for Medical Missionaries come much faster than the Missionaries. We have already six definite calls to start Medical Missions in the Orient and we would be most happy to help the poor people in the various Mission countries if we had the Missionaries.

News From Our Missionaries

This month's mail brought the news from Dr. Lyons that our missionaries have been asked by the Public Health authorities of Rawalpindi to undertake antenatal and child-welfare work. As the death rate of infants in India is from 40 percent to 60 percent, and the maternal mortality about 25 percent, this is a field of labor of unlimited possibilities from the missionary, medical, and social points of view. Dr. Lyons writes: "I told him (the health officer), that we would willingly undertake this work in our hospital." At the same time she is appealing for another sister, as this much needed work will be an additional strain on the hospital staff.

Dr. Lyons also mentioned that they were looking forward to having the Corpus Christi procession in the hospital compound on the feast of Christ, the King.

Sr. Agnes Marie says: "Between our dispensary patients who all clamor to be treated at the same time and the 25 school children in our compound, we have enough noise to raise the dead of the two adjoining cemeteries. Should the Archangel Gabriel need any assistance on the final day, certainly he would find a first class assistant in an Indian school boy. They fairly shout, one louder than the other. Each one tries to drown the other fellow's voice. Sometimes they tone down a bit and chant the alphabet, numbers, time tables or bits of reading. That is really very pleasing to the ear, but too mild to suit those wild lads, so it doesn't last long.

"The weather is perfectly gorgeous now, the days comfortable and nights cool. It makes one feel that it is good to be living."

Sr. M. Laetitia in one of her recent letters writes: "India is full of people suffering with tuberculosis. It is dreadful! We could fill our hospital with tubercular patients. We have a little colony upstairs and the sun does wonders for them, but they don't get proper food and that keeps them back. They cook their own food, in order to keep their caste rules, which are very strict. We can not force them to adopt a suitable diet, which makes nursing difficult.

Among the distinguished visitors who called recently at the Holy Family Hospital was the Rev. Edw. Hull, S.J., the well known writer. Early in the year Father Hull reviewed "Mother India" in a series of articles in the *Bombay Examiner*, the editorship of which he gave up only recently. The interesting studies in connection with this detailed and statistical review made Father Hull, no doubt, more interested in Medical Missions.

Dr. Alice Brown, from Ludhiana, Punjab, the most famous woman surgeon in India, also honored our Missionaries with a visit on her return from Kashmir.

Dr. Brown is a woman of achievement. As a young Protestant missionary she conceived the idea of starting a medical school and hospital for women in the Punjab. In the course of years it has given professional training to several hundred Indian women doctors, nurses, native midwives and compounders, and provided treatment for and saved the lives of thousands of grateful women and children. Dr. Brown's work has been an inspiration to government authorities and missionaries of all denominations. Dr. Brown is not only famous but also beloved and as simple as any missionary in her mode of life. She traveled in an uncomfortable motor truck from Kashmir to Rawalpindi, a journey of 200 miles over steep and winding roads, to save expense like all missionaries.

THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES

Foundation and Approbation: The Society of Catholic Medical Missionaries was founded in September, 1925, in Washington, D. C., with the approval of His Grace, Most Reverend Michael J. Curley, D.D., Archbishop of Baltimore.

Purpose and Field: The purpose of this Society is to render medical aid, no disease or condition being excepted, to Christians and non-Christians in the officially recognized foreign Mission countries of the world.

Nature of Work: The vocation of a *Medical Missionary* is a combination of spiritual and corporal works of mercy. Having access by means of her profession, as Doctor or Nurse, to many with whom no other Missionaries can come in contact, she is afforded numerous opportunities to instruct the sick and their relatives in our Holy Religion, assist the dying, and to baptize infants in danger of death. By her charitable ministrations, she wins the love and confidence of the people and is thus enabled to break down prejudice and superstition, and prepare the way for their reception of the truth.

Scope of Work: The scope of the Medical work includes the provision and equipment of mission hospitals and dispensaries, medical schools, training schools for native nurses, infant welfare centers, plague camps, leper asylums and caravan dispensaries, which bring medical aid from village to village, also obstetrical work and visiting the sick in their homes which are of primary necessity in mission countries.

Nature of the Society: The members of the Society live in community, in the spirit of the evangelical counsels. After one year of probation, which is devoted to spiritual and missionary training, the candidates solemnly promise to keep the Constitutions and they pledge themselves, by oath, to remain in the Society for three years, to go without delay to any region or place whither they are sent by the Superior of the Society and to accept any employment assigned to them.

The Solemn Promise and Oath are renewed after three years for another period of three years, after which they are taken for life.

As members receive no salary, the Society makes provision for their maintenance in the same manner as other religious communities.

First Hospital: The first hospital opened by the Society of Catholic Medical Missionaries is located in the native city of Rawalpindi, Punjab, India, in the Mill-Hill Prefecture Apostolic of Kashmir and Kafristan, where the Mohammedan and high caste Hindu women are still strictly secluded and can only avail themselves of medical aid by women. Three of the pioneers of the Society are in charge of this Hospital, which was dedicated on December 14, 1927.

We will be pleased to hear from any women doctors or nurses and others who are interested in Medical Mission work and who would be willing to devote their lives and profession to this missionary work.

Dr. Anna Dengel,
Society of Catholic Medical Missionaries,
Bunker Hill Road and 16th Street N. E.,
Brookland, Washington, D. C.

WHY ST. FRANCIS XAVIER WAS A GREAT MISSIONARY

Feast December 3

Because he was a saint! burning with love of God, and united to Him in every thought and deed.

Because he was a man of action! When we read his life, we are amazed at his indomitable energy, studying, tending the sick, teaching, preaching, baptizing, organizing, planning and traveling.

Because he was a man of great desires! Souls in India, souls in Japan, souls in China—he would have them all! No fatigue, no opposition would daunt him.

Because he put his whole trust in God. Exhausted with labors, consumed with love and desires, he died in the prime of his life a lone missionary on the Isle of Sancian exclaiming: "In Thee O Lord have I hoped, let me never be confounded."

This happened 376 years ago and yet St. Francis Xavier is still a missionary because his example is a continual inspiration, and because the Church has declared him the patron of missionaries.

If you like "The Medical Missionary," why not surprise your friend with a subscription as a Christmas present. It is a gift to the Infant Jesus as well—as it promotes HIS work.